

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: <u>7-21-05</u>		2 Serial/Patent # <u>10/518445</u>						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED					
		6 AMOUNT						
		<input checked="" type="checkbox"/> Filing	\$ <u>100</u>					
		<input type="checkbox"/> Amendment	\$					
		<input type="checkbox"/> Extension of Time	\$					
		<input type="checkbox"/> Notice of Appeal/Appeal	\$					
		<input type="checkbox"/> Petition	\$					
		<input type="checkbox"/> Issue	\$					
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$					
		<input type="checkbox"/> Maintenance	\$					
<input type="checkbox"/> Assignment	\$							
<input type="checkbox"/> Other	\$							
		7 TOTAL AMOUNT OF REFUND						
		\$ <u>100</u>						
		8 TO BE REFUNDED BY:						
10 REASON:		<input type="checkbox"/> Treasury Check						
		<input checked="" type="checkbox"/> Credit Deposit A/C #:						
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>2</td><td>--</td><td>2</td><td>4</td><td>4</td><td>8</td> </tr> </table>		0	2	--	2	4
0	2	--	2	4	4	8		
<input checked="" type="checkbox"/> Overpayment								
<input type="checkbox"/> Duplicate Payment								
<input type="checkbox"/> No Fee Due (Explanation):								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>paralegal</u>						
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-9140</u>						
OFFICE: <u>PT</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****								
APPROVED: _____		DATE: _____						

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**